



Department of Medical Assistance Services  
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<http://www.dmas.state.va.us>

# MEDICAID MEMO

TO: All Providers, Managed Care Organizations, Commonwealth Coordinated Care  
Medicare and Medicaid Plans

FROM: Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

MEMO: Special  
DATE: 3/15/2017

SUBJECT: New Addiction and Recovery Treatment Services Provider Manual

The Department of Medical Assistance Services (DMAS) recognizes that as a payer of health care services, it has an important role in the provision of services and treatment to individuals who suffer with a Substance Use Disorder (SUD). On September 26, 2014, Governor Terry McAuliffe signed Executive Order 29 creating the Governor's Task Force on Prescription Drug and Heroin Abuse. Dovetailing with Virginia's concern, in July 2015, the Centers for Medicare and Medicaid Services (CMS) issued [CMS State Medicaid Director letter, #15-003](#) to Medicaid Directors that highlighted new service delivery and funding opportunities for Medicaid members experiencing a SUD. The CMS opportunities significantly aligned with the Governor's Task Force conclusions that prescription drug and heroin overdoses are a public health and public safety crisis that is taking the lives of thousands of Virginians. Additionally, on November 21, 2016 Governor McAuliffe announced that State Health Commissioner Marissa J. Levine, MD, MPH, FAAFP declared the Virginia opioid addiction crisis a Public Health Emergency.

To help address this growing epidemic, the 2016 Appropriations Act, Item 306 MMMM authorized DMAS to make changes to its existing substance use disorder treatment services as soon as it is feasible to do so following the passage of the Act and prior to the completion of any regulatory process undertaken in order to effect such change. Under this authority, DMAS has developed, in collaboration with the Department of Behavioral Health and Developmental Services (DBHDS) and other stakeholders, an enhanced and comprehensive benefit package to cover addiction and recovery treatment services. The new benefit was developed based on the guidance outlined in the CMS State Medicaid Director letter as well as on the [recommendations created by the Governor's Task Force](#).

This new SUD benefit, Addiction and Recovery Treatment Services (ARTS) expands access to a comprehensive continuum of addiction treatment services for all enrolled members in Medicaid, FAMIS and FAMIS MOMS. It also strengthens how Virginia educates individuals, providers, and communities; treats patients identified with a SUD; collects and monitors data and health outcomes; and enforces new evidence-based policies and practices.

The following changes will apply to all enrolled members effective April 1, 2017:

- **Expansion of the administration of community-based addiction and recovery treatment services through the Medicaid and FAMIS Managed Care Organizations (MCOs) and the Commonwealth Coordinated Care (CCC) Medicare and Medicaid Plans (MMPs).** This will allow the MCOs and the MMPs to provide the full continuum of Addition and Recovery Treatment Services (ARTS), based on the intensity and urgency level of the individual's need. The MCOs and the MMPs will also integrate these treatment services with physical health and traditional mental health services for comprehensive care coordination. Providers will bill the member's MCO or MMP for all physical health, traditional mental health, and community-based addiction and recovery treatment services for Medicaid, FAMIS and FAMIS MOMS members who are enrolled in a MCO or MMP. The DMAS contracted Behavioral Health Services Administrator (BHSA), Magellan of Virginia, will cover ARTS for those members who are enrolled in the full coverage Fee-For-Service (FFS) benefit thus providers will continue to bill Magellan for these FFS enrolled members only.

Community-based addiction and recovery treatment services include:

- Residential Treatment,
  - Day Treatment/Partial Hospitalization,
  - Intensive Outpatient Treatment,
  - Medication Assisted Treatment (includes individual, group counseling and family therapy and medication administration), and
  - Substance Use Case Management.
- **Allowing for coverage of inpatient detoxification and inpatient substance use disorder treatment** for all full-benefit Medicaid and FAMIS enrolled members. DMAS is expanding coverage of residential detoxification and residential substance use disorder treatment for all full-benefit Medicaid enrolled members.
  - DMAS received approval for a Centers for Medicare and Medicaid Services (CMS) 1115 Demonstration waiver, which allows for federal matching of Medicaid dollars for services provided in an Institution of Mental Disease (IMD). The waiver approval **allows for Medicaid reimbursement for residential treatment facilities with greater than sixteen (16) beds**, significantly increasing the ARTS treatment capacity for both adults and children. CMS requires that any member receiving residential or inpatient substance use disorder treatment pursuant to this demonstration, regardless of length of stay or bed size of the facility, is a "short-term resident" which is defined as an **average** length of stay of 30 calendar days. CMS is requiring DMAS to track specific member length of stay in these settings.

DMAS worked in conjunction with the Department of Health Professions (DHP), DBHDS, Virginia Department of Health (VDH), MCOs, MMPs and stakeholders, to design a transformed model for addiction and recovery treatment which is based on the American Society of Addiction

Medicine (ASAM) standards. These changes will help to ensure the integration of high quality addiction treatment, physical health, and mental health services for Virginia's Medicaid and FAMIS enrolled members.

### **DMAS Provider Manual Updates**

DMAS has organized all substance use disorder services into the new ARTS Provider Manual to assist providers with a centralized and efficient structure to access all substance use disorder service information. With the development of the new ARTS Provider Manual, all references to substance use disorder services found within Chapters 2, 4, 6, and Appendix C of the Community Mental Health Rehabilitative Services Manual (CMHRS), Psychiatric Services Manual (PSM), and the Mental Health Clinic Manual will be removed. The new **Addiction and Recovery Treatment Services (ARTS)** Provider Manual serves as the policy for providers of the new DMAS reimbursable **ARTS** benefit.

The ARTS Provider Manual is posted on Town Hall at:

<http://townhall.virginia.gov/L/ViewNotice.cfm?gnid=680> for public comment through March 26, 2017.

The ARTS Provider Manual will be finalized and officially posted April 1, 2017 along with the changes to the CMHRS, Psychiatric Services and Mental Health Clinical Provider Manuals at:

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>.

DMAS is conducting several provider training sessions on the ARTS implementation effective April 1, 2017. These sessions will review the new ARTS Provider Manual including provider requirements, covered services, documentation and billing requirements and the ARTS reimbursement structure. Click [here](#) for the training dates and the registration links.

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### **MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)**

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting [www.MagellanHealth.com/Provider](http://www.MagellanHealth.com/Provider). If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting [www.magellanofvirginia.com](http://www.magellanofvirginia.com) or submitting questions to [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com).

### **MANAGED CARE PROGRAMS**

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: [http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx)
- Commonwealth Coordinated Care (CCC):  
[http://www.dmas.virginia.gov/Content\\_pgs/mmfa-isp.aspx](http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx)
- Commonwealth Coordinated Care Plus (CCC Plus):  
[http://www.dmas.virginia.gov/Content\\_pgs/mltss-proinfo.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx)
- Program of All-Inclusive Care for the Elderly (PACE):  
[http://www.dmas.virginia.gov/Content\\_atchs/ltc/PACE%20Sites%20in%20VA.pdf](http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf)

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **KEPRO PROVIDER PORTAL**

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.